

V19524
TAYLOR
FREDERICK

FRANCI

Duplicate

(To be completed in triplicate)

Page 1

M.F.M. 103
200M-5-41 (442) (971)
H.Q. 1772-39-1828

MILITIA ACT
THE NATIONAL RESOURCES MOBILIZATION ACT, 1940

N.R.M.A. PERSONNEL

ENROLMENT FORM

N.R.M.A. Serial Number of Notice of Call A.21260 Regimental Number A.605489

1. Taken on Strength of No. 1 N.R.M.A. Clearing Depot London, Ontario, Canada.

2. Surname (Block Letters) TAYLOR.

3. Christian Names (in full) FREDERICK FRANCIS MUNRO

4. Present Address Essex, Ontario, Canada.

5. Place of Birth Canada Ontario Essex.
(Country) (County or Province) (Town or Township)

6. Date of Birth 17-12-19 7. Religion— United
Denomination

8. Physical Description: Height 5-9 Weight 140 Eyes Blue Hair Red
Complexion Fair Identification marks Mole at navel 1 2nd & 3rd toes webbed both feet

9. Married, Single, Widower? Single

10. Next-of-Kin Alexander TAYLOR Relationship Father
(Name) Essex, Ontario, Canada.
(Address)

11. Trade or Occupation Truck Driver

12. Previous Naval, Military or Air Service N11
(State Units and Dates of Service)

13. Preference, if any, for, R.C.N.? N11 Army? N11 R.C.A.F.? N11
(Arm of Service)

14. Employment in War Industry, if any No

Frederick Francis Munro Taylor
(Signature of Man)

P. Messitt capt
(Signature and Rank of Enrolment Officer)

19 June 1941
(Date of Signature)

TRAINING CENTRE PARTICULARS

A. Attached to Basic T.C. No. 12 at Chatham, Ontario Date 19-6-41
Completed 74 Days Basic Training.
20-8-41 (Date, Signature, and Rank of Recording Officer)
P. M. Messitt capt

B. Attached to Advanced T.C. No. at Date
Completed Days Advanced Training.
Qualities of Leadership, Positive Becoming Evident? Dormant?
Transferred to Date
(R.C.N., formation or unit of the C.A., R.C.A.F.)
(Date, Signature and Rank of Recording Officer)

C. Medical Category on acceptance at Basic Training Centre A2

RECORD OF SERVICE of TAYLOR Frederick Francis Munro 1.605489
(Surname) (Christian Names) Regimental Number

(Surname)

(Christian Names)

....Regimental Number

1.6054.09

1997

22

Truck Driver

11

THESE

...Can speak?

Can read and write?

...Can drive a car?

of institution, courses or years completed, and degrees obtained to be shown)

Repair a motor?

Cooking experience?

Hobby?

All N.R.M.A. Personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Page 2

Regtl. No. **A.605489** Rank **PTE.** Surname **TAYLOR** Christian Names **Frederick Francis Munro**

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief Details and Signature	Date	Brief Details and Signature	Date	Brief Details and Signature
1-7-41	VACC. <i>H. J. Davis Capt</i>				
1-7-41	T.A.B.T. <i>H. J. J.</i>				
22-7-41	T.A.B.T. <i>H. J. J.</i>				
14-8-41	T.A.B.T. <i>H. J. J.</i>				

[illegible]

Uttawa

1000

M.F.M. 101
100M-2-41 (9296)
H.Q. 1772-39-1795

MILITIA ACT
THE NATIONAL RESOURCES MOBILIZATION ACT, 1940

ENROLMENT

CANADIAN ARMY
(RESERVE FORMATIONS)

605489

A.605489

N.R.M.A. Serial Number of Notice of Call A. 21260 Regimental Number

1. Taken on Strength of NO 1 CLEARING DEPOT
2. Surname (Block Letters) TAYLOR
3. Christian Names (in full) FREDERICK FRANCIS MUNRO
4. Present Address Essex Ont
5. Place of Birth Essex 6. Date of Birth 17-12-19 7. Religious Denomination United
8. Physical Description: Height 5-9 Weight 140 Eyes Blue Hair Red
Complexion Fair Identification marks Circular Scar front R. Shin
Mole at Navel 2nd & 3rd toes webbed
9. Next-of-Kin Alexander Taylor (father) Relationship both feet
(Name)
Essex Ont
(Address)
10. Married, Single, Widower? Single 11. Mother Tongue English
12. What other languages do you: (a) Speak? NIL (b) Read? NIL (c) Write? NIL
13. High School or Collegiate? NIL Graduation or Matriculation? NIL
(years completed) (Specify)
14. College? NIL University? NIL
(Specify) (Specify)
NIL
(Courses and years completed, Degrees obtained)
15. Trade or Occupation Truck Driver Technical Quali-
fications and Experience 2 Yrs
16. Previous Military Service NIL
(Show Units and Dates of Service)
17. Preference, if any, for Naval, Army or Air Service NIL
(Give particulars and qualifications)
18. Employment in War Industry, if any NIL
19. Can Drive a Car? YES Repair a Motor? NO Cooking Experience NO
20. Hobbies NO

Frederick Taylor
(Signature of Man)

W. G. Whitaker
(Signature and Rank of Enrolment Officer)

19 June 1941
(Date of Signature)

RECORD OF SERVICE, TRAINING, PROMOTIONS, ETC.

A. Medical Category on acceptance at Basic Training Centre....."A".....

B. Attached to Basic T.C. No. at Date

Completed.....Days Basic Training.

(Date, Signature, and Rank of Recording Officer)

C. Attached to Advanced T.C. No. at Date

Completed.....Days Advanced Training.

Qualities of Leadership, Dormant?.....Becoming Evident?.....Positive?.....

Transferred to.....Date.....
(Unit of Reserve Army to which transferred on completion of Training)

.....
(Date, Signature and Rank of Recording Officer)

Date (a)	Place (b)	Details of subsequent Transfers, Training, Service, Promotion, Medical Categoriza- tion, Qualifying Certificates, etc. (c)	Authority (d)	Signature of Officer Certifying Entry (e)
		Vacc.		
		<u>T.A.B.T</u>		
		3		
25-8-41		Having joined the R.C.N. is discharged from No. 1 NRMA Clearing Depot and ceases to be attached to No. 12 BTC	DO # 44 26-8-41	

1000

M.F.M. 101
100M-2-41 (9296)
H.Q. 1772-39-1795

MILITIA ACT
THE NATIONAL RESOURCES MOBILIZATION ACT, 1940

ENROLMENT

CANADIAN ARMY
(RESERVE FORMATIONS)

A.605489

N.R.M.A. Serial Number of Notice of Call..... A21260 Regimental Number.....

1. Taken on Strength of No. 1. Clearing Depot.
2. Surname (Block Letters)..... TAYLOR.
3. Christian Names (in full)..... Frederick Francis Munro.
4. Present Address..... Essex Ont.
5. Place of Birth..... Essex 6. Date of Birth..... 17-12-19 7. Religious Denomination..... United.
8. Physical Description: Height..... 5-9 Weight..... 140 Eyes..... Blue Hair..... Red
Complexion..... Fair Identification marks..... Circular Scar front R Shin Mole at Navel
2nd & 3rd toes webbed.
9. Next-of-Kin..... Alexander Tay or Relationship..... Father
(Name)
..... Essex Ont.
(Address)
10. Married, Single, Widower?..... Single 11. Mother Tongue..... English
12. What other languages do you: (a) Speak?..... Nil (b) Read?..... Nil (c) Write?..... Nil
13. High School or Collegiate?..... Nil Graduation or Matriculation?..... Nil
(years completed) (Specify)
14. College?..... Nil University?..... Nil
(Specify) (Specify)
(Courses and years completed, Degrees obtained)
15. Trade or Occupation..... Truck Driver Technical Quali- fications and Experience..... 2 Yr
16. Previous Military Service..... Nil
(Show Units and Dates of Service)
17. Preference, if any, for Naval, Army or Air Service..... Nil
(Give particulars and qualifications)
18. Employment in War Industry, if any..... Yes Nil
19. Can Drive a Car?..... Yes Repair a Motor?..... No Cooking Experience..... No
20. Hobbies..... No

Frederick Taylor
(Signature of Man)

W G Whitaker
(Signature and Rank of Enrolment Officer)

19 June 41 194
(Date of Signature)

A. Medical Category on acceptance at Basic Training Centre.....

Completed.....Days Basic Training.

(Date, Signature, and Rank of Recording Officer)

Completed.....Days Advanced Training.

Transferred to.....Date.....
(Unit of Reserve Army to which transferred on completion of Training)

(Date, Signature and Rank of Recording Officer)

[illegible]

THE CANADIAN ARMY—RESERVE PERSONNEL
CERTIFICATE OF DISCHARGE

This Certifies that A.605489 Pte. TAYLOR, Frederick Francis Munro
(Regtl. No.) (Rank) (Name in full)
of Essex County of Essex

Province of Ontario. served continuously in the
No. 12 Basic Training Centre, Chatham, Ontario.
(Regiment or Corps)

from the Nineteenth day of June 19 41, to
the Twenty-fifth day of August 19 41, and is now discharged
therefrom, and that he attended and completed Annual Training for the years

N.A.

(Each year separately, in figures)

N.A.

(Total number of years, in words)

Frederick F.M. Taylor
(Signature of Soldier)

Place Chatham, Ontario.

Date 25th August 19 41

Commanding

(Sqn. Bty. or Coy.)

† Commanding

OFFICER COMMANDING No. 12
(Regt. or Corps)

LT.-COL.

T.C.

† NOTE—Not required in the case of an Independent or Detached Squadron, Battery or Company.

M. F. B. 350

50m—2-41 (9314)

H.Q. 1772-39-62

MUNICIPALITY OF TOWN OF ESSEX



POLICE DEPARTMENT

H. HARRISON
Chief of Police

ESSEX, ONTARIO Aug 16/41

To Whom it May Concern

This is to certify The Revere Fredrick Taylor
has been known to me for the past fifteen
years he has no Police Record or any Bad
Habits I am Pleased to Recommend him
for the consideration of any one with
Whom he May have any Dealings With

Herman Harrison
Chief of Police
Essex Ont

N.V. 17
15M-4-40 (4717)
N.S. 815-11-17

3927

CERTIFICATE of the SERVICE of

Frederick Francis Monroe TAYLOR

I.C. NS 34245

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number
Halifax, N. S.	Windsor	V-19524

Date of Birth 17th December, 1919

Place of Birth Maidstone, Ont.

Place of Residence Essex, Ontario

Trade brought up to Truck Driver

Religion United Church

Name and Address of Nearest
Relative or Friend
(in pencil)

Allen M. Taylor
father
Essex, Ont.

Can Swim:—P.P.T. Date 19 Signature Rank

P.S.T. Date 19 Signature Rank

PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
13th Aug. 1941	26th. Aug 1941	Hostilities	Ord. Smn.			

PERSONAL DESCRIPTION

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry	5	8 $\frac{3}{4}$	33	137	Red	Blue	Fair	Scar on right leg 2nd and 3rd toe on feet are webbed together
On re-enrolment—6 years' Service								
On re-enrolment—12 years' Service								
Further Description if necessary								

TRANSFER BETWEEN DIVISIONS			TRANSFER—LISTS A AND B		
From	To	Date	List	Date	Authority

NAVAL TRAINING and ACTIVE SERVICE

Wounds Received In Action, Hurt Certificates, Meritorious Service, Special Recommendations, Prizes or other Grants

[illegible]

NAVAL TRAINING and ACTIVE SERVICE

[illegible][illegible]

Name

Conduct

[illegible]

OCCUPATIONAL HISTORY FORM

DEP.
NATIONAL D.

1949-7749

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

Section A—GENERAL INFORMATION

1. (a) Print name in full..... (b) Reg'l. No. 119004
 2. (a) Arm of service..... (b) Unit..... (c) Rank.....
 3. (a) Date of birth..... (b) Have you any dependents?..... (c) Place of residence at time of enlistment.....
 4. (a) Place of enlistment..... (b) Date of enlistment.....

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school..... (b) Were you attending school or college up to the time of enlistment?.....
 6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.).....
 7. If you attended a university, give name of university and standing or degree secured.....
 8. (a) Did you ever enter upon a trade apprenticeship?..... (b) If so, for what occupation?..... (c) Did you finish it?..... (d) If you did not finish it, how long did you serve at it?.....
 9. (a) What languages do you speak fluently?..... (b) What languages do you read well?.....

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below)..... (b) At time of enlistment of what trade union or professional society were you a member?.....

Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

11. Had you ever been employed fairly regularly since leaving school?.....
 12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked..... (b) State how long you had worked at this trade or occupation.....
 13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified.....
 14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment.....
 15. Give details of last employer, if any: Name..... Address.....
 16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.).....
 17. (a) If your last employment was in a business of your own, state nature and address of business..... (b) Date of discontinuing it.....

Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer..... Address.....
 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.).....
 20. (a) Your specific occupation..... (b) Number of years' experience at this occupation with any employer.....
 21. (a) Did your employer promise definitely to give you employment on discharge?..... (b) Did your employer refuse to promise you employment on discharge?..... (c) Do you wish to return to your former employment?.....

IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY, OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23

22. (a) State nature of business, or professional practice..... (b) Where was it located?.....
 23. (a) Number of years engaged in this business..... (b) Have you made, or will you make plans to return to the same or a similar business on discharge?.....

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war?..... (b) Do you feel competent to operate a farm?..... (c) If so, in what kind of farming?.....
 25. (a) Were you born on a farm?..... (b) How many years' actual farming experience have you had?..... (c) In what provinces did you have experience?.....

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?.....
 27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.).....
 28. State any employment preference or ambition you may have, other than indicated elsewhere in this form.....

DATE..... 194..... SIGNATURE.....



Copy To
VWD
ES

SEP 12 1941



SEP 2 1941
N.S. 113-2749
CANADA

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

119003

Note—This Certificate is to be completed by the Examining Medical Officer and forwarded to the Naval Secretary, Department of National Defence, Ottawa.

I, the undersigned, have examined TAYLOR, Frederick
 ‡ candidate for entry as ORD. SEAMAN
 and I believe him to be * {in all respects fit for His Majesty's Service.
 {unfit for His Majesty's Service for the reason stated below.} He has signed
 the Certificate given below in my presence.
 ‡ Strike out if inapplicable. * Delete one.

This examination has been made in accordance with the current Instructions as to Medical Standards.

Age (Years Months)	Weight without Clothes	Height with Bare Feet	General Development	Chest Girth	Vision by— (i) Snellen's Types (ii) Colour Vision	Vaccinated or re- vaccinated for Small Pox (Date)	Lungs, Heart, etc.	Abdomen, Hernia, etc.	Limbs and Joints	Skin	Ears and Hearing	Testes, Varicocele, etc.	Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	Anus, Hemorrhoids, etc.
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(k)	(l)	(m)	(n)	(o)	(p)
21 ⁸ / ₁₂ y.	137 lbs.	5-8 ³ / ₄ ins.	average.	inches (a) maximum 34 (b) minimum 32 (c) mean 33.	right eye 6/6 left eye 6/6 *colour vision N	1 week.	lungs & heart normal.	Normal.	Normal.	Clear.	Drums & Hearing Normal	Normal	Nose, Throat N. teeth missing, a few cavities	Normal.

*If colour vision is not normal by Ishihara test degree of colour blindness to be indicated.

Negative—Approved

X-ray { Not taken.
Approved.
Positive.
Doubtful.

Write in the appropriate notation, and any remarks necessary.

CERTIFICATE TO BE SIGNED BY CANDIDATE

I hereby certify that to the best of my belief I have never suffered from Fits, †Incontinence of Urine, Discharge from the Ears, or any other disease likely to render me unfit for His Majesty's Service. ‡I am willing to undergo, after entry, such dental treatment, vaccination, or inoculations as may be authorized.

† The exact meaning of this is to be clearly explained to the Candidate by the Examining Medical Officer.
 ‡ Strike out if inapplicable.

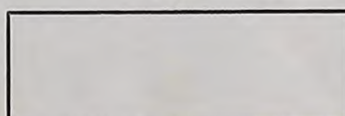
Signature of Candidate

When a Candidate is subject to a defect or disability, the following information is to be inserted:

This Candidate is the subject of.....

* {which renders him medically unfit for service,
 {not considered of sufficient importance to cause his rejection, he being desirable in other respects.
 * Delete one.

IF REJECTED
insert here
UNFIT
in block letters



Dated at Chatham, Ont. the 13 of August 1941

A. E. T. Mather, M.D., F.R.C.S.
Examining Medical Officer

(Rank) Surg. Lieut. RENVUR



CANADA

ATTESTATION FORM (HOSTILITIES FORM)

N. V. 5
50M-1-41 (8973)
N.S. 815-11-5
113749
CANADA

119002

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME TAYLOR OFFICIAL NO. 119524
CHRISTIAN NAMES Frederick Francis Monroe MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS	RELIGION
<u>Essex, Ontario</u>	<u>United</u>

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
<u>17th Dec. 1919</u>	Town <u>Maldstone</u>	<u>Alec M. Taylor--father--</u> <u>(same address)</u>
*Original Nationality of: Father <u>Scotch</u> Mother <u>Irish</u>	County <u>Essex</u> Province <u>Ontario</u>	

*If not the son of natural born British parents, particulars to be given at foot of next page

(A) PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet <u>5</u>	Inflated <u>34</u>	<u>Red</u>	<u>Blue</u>	<u>Fair</u>	<u>Scar on right leg.</u> <u>2nd and 3rd toe on</u> <u>both feet are webbed</u> <u>together.</u>
Inches <u>8³/₄</u>	Deflated <u>32</u>				
Mean <u>33</u>					

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
<u>Completed Public School</u>	<u>Truck Driver--Essex Farmers</u> <u>Co-operative Co., Essex,</u> <u>Ontario.</u>

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED
<u>26th August, 1941</u>	<u>Ord. Seaman</u>	<u>Windsor, Ontario.</u>

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

- (1) That I am a British Subject domiciled in Canada.
(2) That I am desirous of being enrolled as a member of the Royal Canadian Naval Volunteer Reserve Force, and that I accept and agree to abide by the rules of the said Force.
(3) That * (a) I have never served, and am not serving in any Naval Force.

* (b) I served in B.T.C. # 12 for the period shown, and attach my record of service, in corroboration of this statement.

*Cross out Clause not applicable.

SERVED IN	RANK	FROM	DATE	TO
<u>12 B.T.C.</u>	<u>Private</u>	<u>19th June/41</u>	<u>10.9.41</u>	<u>25th August/41</u>
<u>Discharged to R.C.N.V.R.</u>		<u>25th August/41</u>		

(c) I have never been rejected for or discharged from any of His Majesty's Forces on account of unfitness.

(4) That the particulars contained above are correct and true according to the best of my knowledge and belief.

W. H. Graham

(5) On being enrolled as a member of the.....WINDSOR.....Division of the Royal Canadian Naval Volunteer Reserve, I undertake to bind myself:—

(a) To serve from the date thereof for the duration of hostilities, being subject to the provisions of the Naval Service Act, and of the Regulations made in pursuance thereof for the government of the Royal Canadian Naval Volunteer Reserve, and to the customs and usages of His Majesty's Canadian Naval Service.

(b) To report for active service if called upon in time of war or emergency, and, if called into active service, to serve ashore or afloat as may be directed, according to where my services are required.

(c) To keep in good repair and condition the articles of uniform and any articles of outfit which may be issued to me and to return them to the nearest Divisional Commanding Officer or to Training Headquarters prior to my discharge or when required so to do by any authorized person, or to pay compensation for any loss or damage thereto other than fair wear and tear; and also not to wear such uniform or outfit (which is and remains the property of the Crown) except when on naval duty.

(d) To undergo vaccination or re-vaccination, or inoculation, as considered necessary by the appropriate authorities.

Dated this.....26th.....day of.....August.....1941.....

Signature of applicant.....

Frederick F. M. Taylor

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this.....26th.....day of.....August, 1941.....

Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I, Frederick Francis Monroe TAYLOR.....do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Britannic Majesty, His heirs and successors according to law.

Signature of Applicant.....

Frederick F. M. Taylor

Witness.....

Robert V. P.

Date.....26th August 1941.....

Rank.....

Robert V. P.

The Oath of Allegiance may be administered by a Commissioned Officer of the Naval Service.

(E) CERTIFICATE OF ATTESTING OFFICER

Frederick Francis Monroe TAYLOR.....having been duly enrolled to serve in the Royal Canadian Naval Volunteer Reserve Force, I have caused his name and every prescribed particular to be recorded in the Record Book of the.....WINDSOR.....Division of the R.C.N.V.R. or in the appropriate official documents.

Attesting Officer.

.....26th August.....1941.....R.C.N.V.R. Division (or other establishment) Windsor, Ontario.....

NOTE.—This form when completed and when the particulars on it have been noted in the Divisional Commanding Officer's Record Book, is to be forwarded to Headquarters, Ottawa, for custody.

The Certificate of medical examination, B-207, and certificates of previous service are to be sent to Headquarters, Ottawa, with this form.

Certificates of previous service will be returned after they have been examined at Headquarters, Ottawa.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37

V19524

OFFICIAL NUMBER

NAME TAYLOR
(Surname)

Frederick Francis Monroe
(Given Names)

OFFICIAL NUMBER

V19524

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-Examined		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
Windsor Div. Str.	Ord. Smn.	26	8	41		V.G.		13	9	42	A/A.A. 3	10	4	42			
Duty Div. Hdqts.	" "	26	8	41	D.	V.G.	Sat.	31	12	41							
Stadacona	" "	1	12	41													
Ottawa	" "	17	4	42	A.B. 26-8-42 (249A/22254)												
DISCHARGED	Able Smn.	13	9	42	"Missing, believed killed in action" (Casualty List)												
GENERAL REMARKS																	
X-Ray Approved																	

DATE OF BIRTH	PLACE OF BIRTH	CIVIL	COCU	DELL	DELM	RESIDENCE	PREV. ENL.	RANK OR RATE ON ENLISTMENT
17 R 19 11	560	0	40	1	1	12	03 9 11	0 08 95
ENLISTED	SHIP OR ESTAB.	RANK OR RATE						
17 R 19 11	560	0	40	1	1	12	03 9 11	0 08 95
13 09 43	09 16 00	20	13-09-42	3283				

V19524

OFFICIAL NUMBER

FILE NUMBER

113-T-749

OFFICIAL NUMBER

V19524

NAME

TAYLOR

(Surname)

Frederick Francis Monroe

(Given Names)

DATE OF BIRTH

17th December, 1919

PLACE OF BIRTH

MAIDSTONE, Ont.

OCCUPATION

Truck Driver

RELIGION

United

EDUCATION

Completed Public School

RESIDENCE AT TIME OF ENLISTMENT: Street and No.

Town

Essex

Province, etc.

Ont.

ENGAGEMENTS

Date (in figures)			Period
Day	Month	Year	
26	8	41	H.O.

DESCRIPTION

Height	Hair	Eyes	Complexion	Marks or Scars
5'8 ³ / ₄	Red	Blue	Fair	Scar on rt. leg. 2nd & 3rd toe on both feet are webbed together.

PREVIOUS SERVICE

Served in	Rank or Rating	Dates	
		From	To
# 12 B.T.C.	Pte.	19-6-41	25-8-41

NEXT OF KIN RELATIONSHIP (in pencil)

Father

NAME (in pencil)

Mr. Wm. M. Taylor

ADDRESS (in pencil): Street and No.

Town

Essex

Province, etc.

Ont.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY

Date (in figures)			Particulars
Day	Month	Year	

EXAMINATIONS, CERTIFICATES, ETC.

Date (in figures)			Particulars
Day	Month	Year	
14	2	42	Marked Tr.

BADGES, G.C. OR G.S.

Date (in figures)			1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored
Day	Month	Year		

BRIEF PARTICULARS OF WARRANT OR C.M. PUNISHMENTS AND C.P. CHARGES

SHIP OR ESTABLISHMENT	Wt. No.	Date (in figures)			BRIEF PARTICULARS OF OFFENCE	PUNISHMENT
		Day	Month	Year		

FILM

NO

NSR-5459-1

DATE

O.H.F. Received

Eligible to count 68 Days Can. Army Reserve Service towards award G.S.B.

SECOND CLASS FOR CONDUCT

From	To



6/6/45

NAVAL GENERAL SERVICE MEDAL (1915).

NAME IN FULL AYLOR, Frederick Francis Monroe RANK/RATING A B

[illegible]

IFIED BY MRose

VERIFIED BY

WAR MEDAL, C.V.S.M. and CLASP.
VICE MEDAL (1915).

[illegible]

VERIFIED BYKoe.....

DIR. OF PERSONNEL RECORDS.

DO NOT FORWARD THIS FORM TO OTTAWA

This completed form MUST be returned immediately to the Divisional Registrar concerned.
(See man's "Notice-Medical Examination" for Registrar's address)

MEDICAL EXAMINATION AND CERTIFICATE FORM

DEPARTMENT OF NATIONAL WAR SERVICES

NATIONAL RESOURCES MOBILIZATION ACT, 1940

MW

Notice of Call
Serial No:—
A81260

← IMPORTANT—EXAMINING PHYSICIAN.
Please see man's "Notice-Medical Examination" and insert serial number here

This form to be used by divisional registrars for copies of original medical examination and certificate forms.

PART I

Name in full TAYLOR F.F.M.
(Print in block letters) (Surname) (Given Names)
Born: Place MAIDSTONE TWP. Canadian Province ONT. Date DEC. 17/19
(City, town or village) (or other country)
Permanent Postal Address ESSEX ONT.
(Street and Number) (Rural Route and Post Office) (Town or City) (Province)

The following questions must be answered "Yes" or "No".

Have you ever suffered from any of the following:—

Rheumatism NO Tuberculosis NO Bronchitis or Asthma NO Heart Disease NO
Kidney or Bladder Disease NO Stomach or Intestinal Trouble NO Rupture NO Varicose Veins NO
Trouble with feet NO Nasal Trouble NO Ear Trouble NO Eye Disease NO Fits NO
Nervous or Mental Disease NO Syphilis NO Gonorrhoea NO Have you ever worn Glasses? NO
Have you ever been rejected for Military Service? NO Are you in receipt of disability pension or compensation? NO If so, from whom? _____
("Yes" or "No")

Place ESSEX Province ONT. Date Feb. 9/41
(City, town or village)

(Signed):

FRED. F.M. TAYLOR

Man examined must sign here in presence of examining physician: → Signature of man.

PART II

Examiner's remarks. Give a clear and concise history of any of the above conditions where the answer is "Yes"

Physical examination (the man must be stripped)

1. Height 5 feet 9½ inches. 2. Weight 140 pounds
3. Complexion fair Colour of eyes gray 4. Development fair {good
fair
poor} Strike out
inapplicable
words.
Colour of hair red
5. Chest measurement—Girth on full expansion 34½ inches
Range of expansion 2½ inches
6. (a) Vision without glasses—Right eye 20/30 left eye 20/20
(b) If in possession of glasses: Vision with glasses—Right eye _____ left eye _____
7. Hearing, right ear C.V. 20' left ear C.V. 20'
8. Mouth and teeth fair, only 2 lower molars present
Describe dentures, if any _____
9. If the above named man suffers from any disability, whether congenital or pathological, which places him in a category lower than "A", a clear and concise description of such disability is to be given here:—

PART III

I have examined the man in accordance with the "Physical Standards and Instructions for the Medical Examination of Recruits" and certify that he is fit for:—

C/M

Category "A" A
" "B I" _____
" "B II" _____
" "C I" _____
" "C II" _____
" "D" _____
" "E" _____

(Signed): M.R. BOWIE
Signature _____

ESSEX

Address FEB. 9/41

Date _____

(Examining Physician)

CERTIFIED CORRECT COPY
DIVISIONAL REGISTRAR

(Important: See other side)

INSTRUCTIONS

1. Only a duly qualified and licensed medical practitioner in Canada who has been appointed by the Minister of National War Services as an "examining physician," in accordance with the National War Services Regulations, 1940 (Recruits), may examine the man and complete this form and certificate.
 2. The "examining physician" must examine the man and complete this form and certificate herein contained in accordance with the "Physical Standards and Instructions for the Medical Examination of Recruits" copy of which will be supplied to each "examining physician".
 3. The "examining physician," immediately upon completing this form and certificate must mail or deliver it in person to the Divisional Registrar of the Administrative Division of the Department of National War Services in which the man resides. The address of the Divisional Registrar appears in the upper left hand portion of the man's "Notice-Medical Examination."
 4. Payment for the examination of each man will be made by the Department of National War Services, Ottawa, to the duly appointed examining physician concerned. Examining physicians will not submit any other account; this properly completed form and certificate will serve in lieu of an account. Payment will be made as soon as possible after the end of the month.
 5. The Divisional Registrar of the Administrative Division in which the man examined resides, immediately upon receipt of this form properly completed, will stamp hereupon the date the form has been received by him and will prepare or have prepared, four exact and typewritten copies of this original, showing upon the four copies the date the original was received from the examining physician. Each such copy will be certified as a true and correct copy by the Divisional Registrar or by a person duly appointed by him for this purpose.
- The Divisional Registrar will retain the first typewritten copy. He will attach a copy to the original form and certificate received from the examining physician and will immediately forward both original form and certificate and the copy to the Department of National War Services, Ottawa. He will forward a copy to the representative of the Department of National Defence; and the last copy, if the man has been found fit for military training and is being notified to report to a military training centre, to the Officer Commanding the military training centre to which the man has been instructed to report. If the last typewritten copy is not so disposed of, it shall be retained by the Divisional Registrar.
6. No copy of this form is to be in the possession of any unauthorized person.

Section 12 (3) of the National War Services Regulations, 1940 (Recruits), reads as follows:—

"(3) In any case in which any doubt arises as to the accuracy of the examining physician's certificate of unfitness for military training of any man so certified by him, the Divisional Registrar may give the man concerned another notice requiring him to submit himself for another examination, in which case the man shall report at such place and time as will be indicated to him by the Divisional Registrar for examination by three examining physicians appointed by the Minister. Such three examining physicians will examine the man, and if they do not confirm the certificate given in the case of the man concerned by the examining physician who first examined him, shall issue another certificate which will be final and conclusive."

Section 36 of the National War Services Regulations, 1940 (Recruits), reads as follows:—

"Any examining physician who, in furnishing information under these regulations, knowingly makes any inaccurate statement or signs an inaccurate certificate shall be guilty of an offence and liable on summary conviction to imprisonment for a term not exceeding six months or to a fine not exceeding one hundred dollars or to both such imprisonment and such fine."

(See National War Services Regulations, 1940 (Recruits).)

NOT FOR EXAMINING PHYSICIAN

The space below is reserved for Training Centre Medical Officer

Record in detail any disease or disability not previously described:—

A

Signature.

Training Centre Medical Officer.

Training Centre No. or Name.....12.....

N.P.A.M. No. A.605489 489

Station	Admission to Hospital			Discharged from Hospital			Disease
	Day	Month	Year	Day	Month	Year	
							Remarks: If mild or severe; if completely recovered from. If an accident, state whether Court of Inquiry was held. Date of issue of surgical appliances supplied.

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS TO MEDICAL OFFICERS

1. In using this Form, Medical Officers will be guided by instructions issued at N.D.H.Q.
2. This Form will be used for all ranks, at home and abroad, when change in Category or discharge from His Majesty's Forces is contemplated.
3. All sections must be answered in full.
4. A definite diagnosis of all diseases or injuries recorded must be made, and the "Standard Morbidity Code for Canada" must be followed.
5. The Medical Officer in charge of the case is responsible for the completion of pages 1, 2 and 3. The President and Members of the Medical Board are responsible for the completion of page 4.

STATION Chatham Ont DATE Aug 22 1941

1. (a) Unit No 12 BTC (RF) (b) Regimental No A605489 AB (c) Rank PTE
 (d) Surname TAYLOR (e) Christian names FREDERICK FRANCIS MUNROE
 (Use block letters)
 (f) Home address ESSEX ONT
 (g) Next of Kin ALEX. M. TAYLOR (h) Relationship FATHER
 (i) Address of Next of Kin ESSEX ONT

2. Age last birthday 21 Date of birth Dec 17th 1919

3. Enlistment, or Appointment: (a) Place Chatham Ont (b) Date 19-6-41
 (c) Category on enlistment A (d) If lower than A on enlistment, give reason

4. Personal description: (a) Height 5 ft 8 1/2 (b) Weight 137
 (c) Complexion fair (d) Colour of hair fair (e) Colour of eyes blue
 (f) Identification marks, scars, etc. Scar centre of right shin.
2nd & 3rd toes webbed on both feet.

5. Former civilian trade, profession or occupation Truck driver

6. Service (The information should be secured from personal Military documents if available. If not, a statement from the member of the forces may be taken, and note made to that effect.)
 (a) Length of service. Years Days 64
 (b) Periods of service: Man's statement

	From	To
Former Wars		
War 1939—Canada	<u>19-6-41</u>	<u>22-8-41</u>
Aboard		
Canada on return from abroad		

7. Diseases or injuries with Code Nos. He is being discharged for reasons other than medical.
 (To be filled in when examination has been completed)

(a) Dates of origin Not applicable
 (b) Places of origin not applicable
 (c) Causes not applicable

8. Present Condition—(a) Subjective

(In the individual's own words)

Good.

(b) Objective (Before completing this section, the member of the forces should be stripped and subjected to a thorough physical examination. All defects, no matter how trivial, should be recorded. Specialists' reports will be obtained when necessary to ensure a definite diagnosis.)

*Cardio vascular, respiratory, digestive, genito
urinary and nervous systems apparently normal.
Vision R. 20/20 L. 20/20 Hearing R. CV 20 L. CV 20
Reflexes and reflexes normal.*

9. History (This section should contain a detailed history of the origin of all diseases and injuries described in Section 8. Date and place of treatment should be recorded, and if pre-enlistment in origin, the name and address of the attending Physician or institution, if available, should be included. Special care should be taken as to history in respect of injuries incurred during service. Copies of Medical Case Sheets, D.P. & N.H. Forms 100, and Consultant opinions should be attached.)

Has only had measles and mumps.

10. Were the diseases or injuries caused or aggravated:

(a) By intemperance or improper conduct: or (b) by unreasonable refusal to accept treatment?.....

(a) no (b) no

11. What is the probable duration of the diseases or injuries?..... *m. a.*

12. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?..... *no*
(If the answer is "yes" state nature of treatment required and probable duration)

13. Can the former civilian trade, profession or occupation be resumed?..... *yes.*
(If not, briefly state why)

14. Recommendations..... *That he be referred to a medical board for categorization*
(This section should contain only the M.O.'s recommendation as to treatment, convalescence, or reference to Medical Board for categorization)

H. J. Hoar Capt.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 8 (a) and 9 are to be read to the member of the forces and either "satisfied" or "not satisfied" struck out.)

I, the undersigned *Frederick Francis Munro Taylor* having heard the contents of Sections 8 (a) and 9 read, am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of..... *nil*

Frederick Francis Munro Taylor Pte Rank
Signature of member of the Forces.

H. J. Hoar

OPINION OF THE MEDICAL BOARD

15. Does the Board concur with the preceding report? If not, give differing opinions with reasons.....

Concurs.

16. It is certified that the invalid,—

(a) ~~Does require treatment~~ (give nature of treatment required and probable duration.)

(b) Does not require treatment.

Categories hereunder are defined for information only.

(1) NAVY—

- A. General service.
- D. Temporarily unfit.
- E. Unfit for Category A.

(2) ARMY—

- A. General service.
- B1 } Service abroad (not general service).
- B2 }
- C1 } Home service (Canada only).
- C2 }
- D. Temporarily unfit.
- E. Unfit for A, B, C.

(3) R.C.A.F.—

- A1B Fit for full flying and ground duties anywhere and under any conditions.
- A1HBH Fit for full flying and ground duties in Canada.
- A2B Fit for limited flying duties and all ground duties anywhere and under any conditions.
- A2HBH Fit for limited flying duties and all ground duties in Canada.
- A3B Air Crew (other than pilots) fit for their full flying duties and full ground duties anywhere and under any conditions.
- A3HBH Ditto but Canada only.
- A4B Fit for passenger flying and full ground duties anywhere and under any conditions.
- A4HBH Ditto but Canada only.
- ATB Unfit for flying temporarily but fit for full ground duties anywhere.
- ATBH Unfit for flying temporarily but fit for full ground duties in Canada.
- ATBT Temporarily unfit for any form of duty.
- APB Permanently unfit for flying, fit for ground duties anywhere.
- APBH Ditto but only in Canada.
- APBP Unfit for any form of duty.

17. Recommendations of the Medical Board as to category, treatment or convalescence.

Category.....

Place.....

Date.....

President.

Members.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned..... understand the nature of the treatment recommended, and I refuse to accept it, for the following reasons.....

Witness.....

Signed.....

(Should the refusal appear unreasonable, or should he decline to sign the statement, the Board of Officers should so state.)

Place.....

Date.....

President.

Members.

APPROVED BY.....

(E.R. Tiffin) Capt.

for

D.M.O. ~~XXXXXX~~

APPROVED BY.....

D.G.M.S. or D.M.S., R.C.A.F.

Date.....

28-8 -41

Date.....

246578 Arthur Avenue,
Essex, Ontario,
October 3, 1942.

Dear Sir:-

113-T-749

Mrs. Taylor, the mother of
the late Frederick Francis
Monroe Taylor, Ordinary Seaman
O. N. 219524 Royal Canadian
Naval Volunteer Reserve passed
away January 3rd 1941.

Would it be possible for the
Memorial Cross as a memento
of my personal loss and
sacrifice be sent to me.
(his father).

Yours very truly
Alex. M. Taylor

N.S. 113-T-749

MAIN FILE	
CHARGED TO	<i>E. states</i>
SINCE	<i>36-9</i>
REC'D. CENTRAL REGISTRY	
OCT 2 1942	
REFERRED TO	<i>NPR</i>



The Canadian Legion ^{OF THE} British Empire Service League



J. Wager
 ONTARIO PROVINCIAL COMMAND
 ADJUSTMENT OFFICER
 TORONTO SERVICE BUREAU
 210 DUNDAS ST. WEST, TORONTO
 ROOM 503
 PHONE ADEL. 4187-8

February 23rd. 1943.

NATIONAL

FEB 25 1943

H.Q. 113-T-749

3081

Dependents' Allowance Board,
 R.C.N.V. Reserve,
 Ottawa, Ont.

RE: V.19524 - O/S F.M. TAYLOR. Decd.

047911

Dear Sirs:

This office has received a communication from Mr. Alex. M. Taylor, brother of the above-named, and in it he sets out certain information. Copy of this is enclosed.

We are endeavouring to assist in carrying out this request, as it was made direct to L.H. Pimlett, O.C. Mobile Recruiting Unit. May we have your comments in particular to if there is any balance on Dependents' Allowance, Assigned Pay, etc. which should be made over in this case to the next of kin. It will be seen that he has a six year old brother, and a 16 year old sister.

The letter does not state whether the writer is the brother or the father. However, if such is the case may we be advised if there are any monies in order that we might arrange for the proper legal procedure in order to have the case established. Thanking you.

Yours fraternally,

J. Wager
 J. WAGER.
 ADJUSTMENT OFFICER.

JW/EN

Encl.

ENCLOSURE	NO.	INIT.
Mail		
Index		
Personnel		
Records		

1 Km
mj

PERS (NAVY)		
REFER.	INIT	DATE
CNP		
DCNP		
DMNA		
DTNA		
PDG		
MDG		
DWS		
DNE		
C&W		
NPR.	1	
SNPA	2	
PIB		
DEP		
P.A.		
B.F.		

"THEY SERVED TILL DEATH! WHY NOT WE?"

vgy

MAIN FILE	
CHARGED TO	<i>Perdoy</i>
SINCE	<i>8-12-42</i>
REC'D. CENTRAL REGISTRY	
FEB 25 1943	
REFERRED TO	<i>P. L. ...</i>

COPY

Arthur Avenue.
Essex. Ont.

Feb. 2nd. 1943.

Dear Sirs:

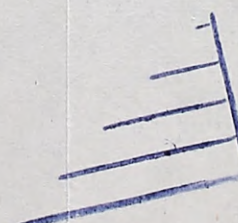
Frederick F.M. Taylor, V.19524, Ordinary Seaman
R.C.N.V.R., who was killed during a battle when his ship was
sunk.

The deceased's mother passed away January 3rd.
1941. I received a letter saying if she was living, and the
deceased had a wife, they would receive a memorial cross.
They would both receive a cross. I have not been able to
get a cross sent to me. If you could not send the cross to
me, I would like for you to send it to his six year old
brother, or his sixteen year old sister.

I have not received his back pay. I would
sure like to have it.

Yours truly,

ALEX. M. TAYLOR.



HIS MAJESTY THE KING
Patron-in-Chief of the British Empire Service League

Grand Patron
HIS EXCELLENCY THE RIGHT HONOURABLE THE EARL OF ATHLONE, K.G., GOVERNOR-GENERAL OF CANADA

Grand President
LT.-GENERAL SIR RICHARD TURNER, V.C., K.C.B., K.C.M.G., D.S.O.

Dominion Honorary Presidents
LT.-COLONEL JAMES McARA, V.D. MAJOR-GENERAL L. R. LAFLECHE, D.S.O.
MAJOR-GENERAL JOHN A. GUNN, C.M.G., D.S.O.
VICE-ADMIRAL PERCY NELLES, R.C.N. AIR MARSHAL W. A. BISHOP, V.C., D.S.O., M.C., D.F.C.

Dominion First Vice-President
LT.-COLONEL W. C. NICHOLSON, K.C., D.S.O., M.C.

Dominion President
ALEX. WALKER, ESQ.

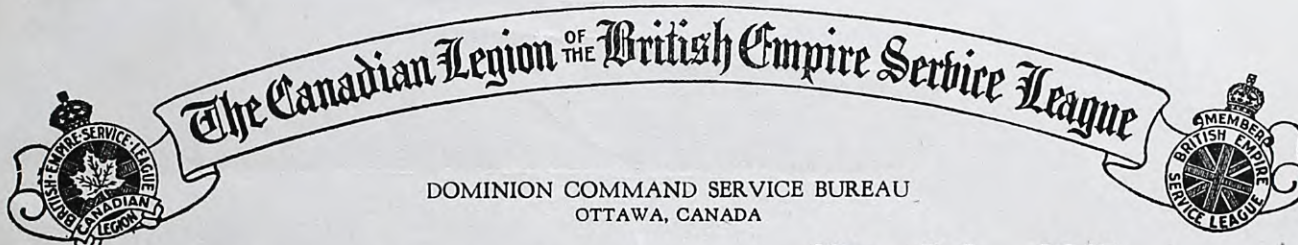
Dominion Second Vice-President
MAJOR J. D. WINSLOW, M.C.

Dominion Honorary Treasurer
CAPTAIN G. H. ROCHESTER

Immediate Past Dominion President
BRIGADIER W. W. FOSTER, D.S.O., V.D.

Acting General Secretary
J. C. G. HERWIG, ESQ.

Dominion Chairman
A. E. MOORE, ESQ.



P.O. BOX 640
CABLE ADDRESS: CANLEG

May 3rd, 1943.

91899

Attention -
The Secretary,
Awards Branch,
NATIONAL DEFENCE

The Department of National Defence,
Records Office,
Ottawa, Ont.

Re #V-19524- Frederick M. TAYLOR (Deceased)
R.C.N.V.R.

Father- Mr. Alex. M. Taylor

Dear Sir:

The father of the above named has made a very unusual request to these Headquarters, through the Branch of The Canadian Legion, at Essex, Ont.

The above named, being his son, was apparently Killed in Action on September 13th, 1942. The boy's mother died in 1939; and the father has apparently been both mother and father to the above named.

The request is made that, if possible, the Silver Memorial Cross usually awarded to widows or mothers be awarded, in this case, to the father.

These Headquarters realize that this is probably not possible, within your Regulations, but we would be glad if the request could receive consideration, and that we be favoured with an official reply.

Will you also please state whether some other form of Recognition in the way of a document could be given to the father, if it is not possible to award the Memorial Cross.

Yours faithfully,

RH/H

R. Hale,
Chief Pensions Officer.

"They served till death! Why not we?"

OTTAWA, Ontario, 9th August, 8

NS V-19524 NA (P-18)

REGISTERED

Dear Sir:

Frederick F. Taylor, Able Seaman, O.No. V-19524

Under the provisions of the War Service Grants Act, 1944, it appears that the above-noted deceased would have been eligible for War Service Gratuity in respect of his Naval Service.

As next of kin, should you wish to file a claim for your late son's gratuity, it is requested that you complete the enclosed application form and return it to Naval Headquarters at your earliest convenience.

Records indicate that no one was in receipt of Dependents' Allowance on behalf of your son at the date of casualty and it will therefore be necessary to investigate the claims of all persons who might be considered dependent, before disposition of the gratuity can be effected.

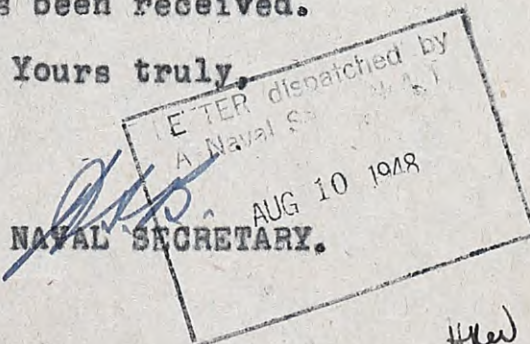
In this connection a questionnaire is also attached and it would be appreciated if you would complete this form and return it together with the above application.

Upon receipt of application and completed questionnaire, you are assured that every effort will be made to finalize this claim as quickly as possible and that you will be informed immediately a decision has been received.

Yours truly,

Encl.

Mr. Alexander M. Taylor,
Arthur Avenue,
ESSEX, Ontario.



Feb 12/1951

Dear Sir

✓ 19524

You have intrust for my
daughter Dorothy Violeta Taylor
her share of the estate of
Fredrick F Munro Taylor Wrd
Beaman Deceased, her Birthday
being 21st day January.

Yours Truly,

Alex M. Taylor



OTTAWA, Ontario, 9th August, 8

NS V-19524 NA (P-18)

REGISTERED

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Frederick F. Taylor, Able Seaman, O.No. V-19524

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Upon receipt of application and completed questionnaire, you are assured that every effort will be made to finalize this claim as quickly as possible and that you will be informed immediately a decision has been received.

Yours truly,

Encl.

NAVAL SECRETARY.

Mr. Alexander M. Taylor,
Arthur Avenue,
ESSEX, Ontario.

DISTRIBUTION OF SERVICE ESTATES

FORM P. 4

Date **25 April 1955**

Name **TAYLOR** SURNAME
Frederick F.M. CHRISTIAN NAMES
 No. **V-19524**
AB RANK
R.C.N. SERVICE
13 Sep 1942 DATE OF DEATH

Pay a c \$ **122.15**
 Def. Pay \$ **--**
 DSPA \$ **--**
 WSG \$ **141.18**
 Amended \$ **--**
 Other Credits \$ **--**
 Total \$ **263.33**

Prev. Dist \$ **239.80**
 Retained \$ **--**
 This Dist. \$ **23.53**

Total \$ **263.33**

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Father	Mr. Alex M. Taylor 42, Redan St. THOMAS, Ontario.	23.53
		(As Guardian of Minor Next of kin entitled)	

AUTHORITY					
HQ F.E. No.	VOTE	PRI.	HQ SUB	OBJ	AMOUNT
9999	547	02	22	000	23.53

Classified by: <i>[Signature]</i> 8/3/55	Examined by: For CTO
---	---------------------------------

Distribution Approved and Authorized:

251 *[Signature]*
(E.F. Coughlin)
 FOR DIRECTOR OF ESTATES

Audited for Payment:

FOR CHIEF TREASURY OFFICER

NH

DEPARTMENT OF NATIONAL DEFENCE
NAVY ARMY AIR FORCE
STATEMENT OF WAR SERVICE GRATUITY

4
NAVY

DECEASED
MEMBER'S
NAME

Frederick Francis M. TAYLOR
(CHRISTIAN NAMES) (SURNAME)

REGISTER NO.

56848

FILE NO.

NS.V-19524

DATE

27-10-48

PAYEE

Director of Estates, (for service estate of

ADDRESS

National Defence Bldg., F.F.M. Taylor,

SERVICE NO.

V-19524

Slater Street,

V-19524)

FINAL RANK OR RATING

A.B.

DATE OF TERMINATION OF OVERSEAS SERVICE 13 Sept./42

DATE OF DISCHARGE

13 Sept./42

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 384 EQUAL TO 12 COMPLETE PERIODS AT \$7.50

90.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 150 LESS 24 INELIGIBLE DAYS, EQUAL TO 126 DAYS @ 25C. PER DAY

31.50

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 1.85
SUBSISTENCE OR LODGING \$ 1.45
AND PROVISION ALLOWANCE \$.13
ADDITIONAL PAY HLM \$.13

DEPENDENTS' ALLOWANCE 1/30 OF \$ nil

TOTAL \$ 3.43 X7 = \$ 24.01
NO. OF DAYS 150 X \$ 24.01

19.68

D. WAR SERVICE GRATUITY

141.18

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$
DEPENDENTS' ALLOWANCE \$
AND ASSIGNED PAY \$

nil

nil

OTHER DEDUCTIONS

\$

F. TOTAL AMOUNT PAYABLE

Journal Voucher # 3814 dated 6/11/48 17/11/48 141.18

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ OF \$

=\$

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

141.18

CERTIFICATE I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCORDANCE WITH THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THEREUNDER.

PREPARED BY

MEE

CHECKED BY

TREASURY
CHECKED BY

DATE

SERVICE REPRESENTATIVE

for DIRECTOR OF NAVAL PAY ACCOUNTING.

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased
Member's NameFrederick Francis Mourse TAYLOR
(Christian Names) (Surname)

Typed

Payee Director of Estates

Address

National Defense Bldg.
State St.
Atlanta, Ga.

Register No. 56848

File No. V-19524

Date 17/9/48

Service No. V-19524

Final Rank or Rating A.B.

Date of termination of overseas service

Date of Discharge 13 Aug 42

A. TOTAL QUALIFYING SERVICE

No. of days 384 equal to 12 complete periods at \$7.50 90.00
30

B. QUALIFYING OVERSEAS SERVICE

No. of days 150 less 24 ineligible days equal to 126 days @ 25¢ per day 31.50

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

Pay \$ 1.85
Subsistence or Lodging \$ 1.45
and Provision Allowance H.L.M. .13
Additional Pay

Dependents' Allowance 1/30 of \$

NIL

3.43 x 7 = \$24.01

19.68

No. of days 150

183

x \$ 24.01

D. WAR SERVICE GRATUITY

141.18

E. DEDUCTIONS

OVERPAYMENT OF PAY AND ALLOWANCE \$

DEPENDENTS' ALLOWANCE

AND ASSIGNED PAY \$

OTHER DEDUCTIONS

1

NIL

F. TOTAL AMOUNT PAYABLE

141.18

G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance in issue to you \$ of \$

Total Dependents' Allowance in issue \$

= \$ 141.18

CERTIFICATE:

I certify that the amount has been correctly computed and is payable in accordance with the terms of the War Service Grants Act, 1944 and the regulations issued thereunder.

Prepared by

Checked by

Treasury

Checked by

Date

Service Representative

D.N.P.A. CHECK

1	20	6	20
2	20	7	20
3	20	8	20
4	20	9	20
5	20	10	20

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

Name TAYLOR Surname Frederick F.M. Christian Names No. V.19524Rank A.B. Unit R.C.N. Date of Death 13-9-42

AMOUNT

W.S.G..... 141.18
L.P.C.....\$ 122.15Date 16th November, 1948.

Other Credits.....

Total..... 263.33
Prev. Dist. 122.15
Shares Ret'd 147.06
This Dist. 94.12

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
1/6	FATHER	Alexander M. Taylor, Arthur Ave., Essex, Ont.	23.53 <i>R</i>
1/6	SISTER	Mrs. Gladys I. Hill, Petrolia, Ont.	23.53 <i>R</i>
1/6	SISTER	Mrs. Marjorie P. Sweet, Essex, Ont.	23.53 <i>R</i>
1/6	SISTER	Mary Louise Taylor, Essex, Ont.	23.53 <i>R</i>
(As next of kin entitled)			
SHARES RETAINED			
1/6	SISTER	Dorothy O. Taylor	23.53
1/6	BROTHER	Milton E. Taylor (Minors)	23.53

*P.4 to treas. 17-11-48
as*

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	549	00	22	000	94.12
CLASSIFIED BY <i>AB</i>			EXAMINED BY For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

ALH
(R.J. Orde) Brigadier,~~(R. M. Byrne) Colonel~~
Director of Estates

Judge Advocate General.

AUDITED FOR PAYMENT

For Chief Treasury Officer

ACCOUNTS OF MEN DISCHARGED

Account of the Balance of Wages, the Sale of Clothes and Effects
and the other Credits of Men Discharged to the
Shore, D. D. or Run

Name Taylor, Frederick F. Rating A.B.
Official No. V-19524 H.M.C.S. "OTTAWA" List 5/2/539
Who* Discharged Dead on the 13th September 1942

Net sum due on ledger on account of Wages.....	\$	cts.
Proceeds of sale of Effects charged against Wages, brought from the other side		
CASH—	\$	cts.
Proceeds of sale of Effects, paid for in Cash, brought from the other side.....		
Found amongst Effects.....		
Debts collected \$.....		
Cash debited in the Accountant Officer's Cash Acct.....		
If in debt in ledger, amount to be stated (in red ink).....		
Rate of allotment (in words)..... <u>N I L</u> charged to.....		
Name of ship from which transferred..... <u>Ottawa</u>		
Total†..... <u>Creditor</u>	<u>122.</u>	<u>15</u>

We hereby certify that we have every reason to believe that the above account contains a true statement of all wages, Effects, and other Credits or Debts on the Ledger of H.M.C.S. "OTTAWA" amounting to a net balance†..... Creditor of One hundred and twenty two dollars fifteen cents.

Dated on board H.M.C.S. "AVALON" at St. John's,
Newfoundland this Thirteenth day of November 19 42

Approved [Signature] Accountant Officer
A/ Pay. Lieutenant, R.C.N.V.R.
[Signature] { Initials of the Assistant
Lieut. Commander, R.C.N. PAY. LIEUTENANT R.C.N.V.R. Accountant Officer
Commanding Officer.

For Use at Headquarters. \$.....cts.....credited on Inspector's certificate
No.....to.....

Signature.....

Date.....19.....

*State whether discharged on shore, D.D. or Run. †State whether "debtor" or "creditor".
§Subscription for Charitable or other purposes should not be shown hereon, but on a Remittance List, and dealt with as laid down in the King's Regulations.

C.N.S. 46

10m-10-40 (7450)
H.Q. N.S. 815-9-45

ACCOUNT OF SALE OF THE EFFECTS

SOLD before the Mast, the..... day of..... 19.....

[illegible]

{ Lieutenant or Officer who
attended at the sale
of the Effects.

The whole of the Effects which were left by the person named on the other side, are enumerated in the above Account and on the other side thereof.*

.....Signature

.....Signature

.....Rank

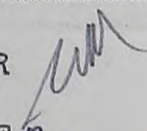
.....Rank


When the effects are those of an Officer, this statement is to be signed by two of his messmates; when they are those of a Petty Officer, Seaman or Boy, it is to be signed by the Executive Officer and by the Master at Arms or a Ship's Corporal.

ep

When entered.....F.B.....Date of appearance.....Whither discharged D.D. 13 Sep'42

DEBT from former account.....						
PAYMENTS:—	1st	2nd	3rd	4th	5th	
	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.	
1st month.....		45.00				Total..... 45.00 /
2nd month.....						Total.....
3rd month.....						Total.....
Allotment..... Nil						- -
Pension deduction (Officers) charged to.....of.....						
Hospital stoppages.....						
Mulcts.....						
OTHER CHARGES:						
Total debits						45.00 /
Balance Cr. or Dr.						122.15 -
(Balance Dr. to be shown in red)						

R 

F 

LEDGERS

Total debits 45.00 /

Balance Cr. or Dr. 122.15 -

(Balance Dr. to be shown in red)

NOT
VICTUALLED

LENT, SICK OR LEAVE	INCLUSIVE DATE		No. OF DAYS	SHIP, HOSPITAL, etc., IN WHICH BORNE
	FROM	TO		

PAY LIEUT RCNVR for ACCOUNTANT OFFICER

Naval - Military - Air Force

nk

Unit

Date of Death

L. P. C. \$

122.15

Date March 24, 1943.

Other Credits

Total 122.15

AUTHORITY

Distribution approved and authorized.

AUDITED FOR PAYMENT

E.C. per J.B.
for Chief Treasury Officer

L. M. Firth
(L.M. Firth) Lt.-Col.,
Administrator of Estates.

MEMORANDUM FOR

P. 64

Mr. Alec M. Taylor.

Essex, Ontario.

Any further communication on this subject should be addressed to:—

THE SECRETARY,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO
ATTENTION: ADMINISTRATOR OF ESTATES

and the following number quoted:—

H.Q. NS. 113-T-749 FD 252

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

October 5, 1942

For the purpose of record and in the event of there being any balance of pay, medals or memorials available for distribution (according to law) on account of the late

TAYLOR, Frederick Francis Monroe, Ord. Smn.

O.N. V-19524, R.C.N.V.R.

it is necessary that the requisite information regarding the deceased and his relatives should be furnished on the inside of this form in strict accordance with the printed instructions. The particulars required are to be carefully filled in and the Declaration on the back should then be signed in the presence of a Clergyman, Priest or Local Magistrate, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

H.R. Wade
(H.R. Wade) Lt.-Cdr. R.C.N.V.R.,
for (L.M. Firth) Lt.-Col.,
Administrator of Estates.



STATEMENT of the Names, Ages and Addresses, or Dates of Death, of all the relatives that the deceased ever had in each of the degrees specified below.

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT			
		NAME IN FULL of any Relative, if any, in each degree inquired for	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative	
1	Widow of the Deceased.....	unmarried			
2	Children of the Deceased and dates of their Births.....	none			
3	Father of the Deceased.....	Alexander Munroe Taylor	53	Essex - Ont.	
4	Mother of the Deceased.....	deceased.			
5	Brothers of the Deceased	Full Blood	Milton Earl Taylor	6	Essex - Ont.
		Half Blood	none		
6	Sisters of the Deceased	Full Blood	Gladys Irene Hill Mayorie Pearl Sweet Mary Louise Taylor Oleita Taylor	25 19 16 12	Amburhastbury Ont #1 Essex - Ont. Essex - Ont. Essex - Ont.
		Half Blood	none		
7	Names of brothers or sisters (whether of the full or the half blood) of the De- ceased, who are dead, and date of death of each.	Names and ages of their children (if any)		Address of their children	
		none		-	

ONLY IF NO RELATIVES IN THE DEGREES ABOVE ARE NOW LIVING, THE FOLLOWING PARTICULARS SHOULD BE GIVEN

		NAMES OF THOSE LIVING	Age	ADDRESS IN FULL
8	Grand-Parents of the Deceased.....			
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage).....		Age	

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	<i>Fredrick Francis James Taylor</i>
11	Give the month and year of his birth.	<i>December 17 - 1919</i>
12	Where and when were his parents married?	<i>Colchester N. 2 Essex Co November 4 - 1914</i>
13	Was he ever married? If so, state exact place and date of marriage.	<i>no</i>
14	Did he leave a (later) Will? If so, it should be forwarded.	<i>no</i>
15	Is there any other estate which will necessitate application being made for Probate or Letters of Administration?	<i>no</i>

PARTICULARS OF DOMICILE

16	Where was deceased born?	<i>Maudslowe Township Essex Co</i>
17	In what Province, Country or State did he reside, and in which last?	<i>Ontario</i>
18	How long in each?	<i>all his life</i>
19	What was the nature of his employment?	<i>Ordinary Labourer</i>
20	Did he own the house or homestead in which he lived? If so, where?	<i>no</i>
21	Did he ever state verbally, or in writing, where he intended to make his permanent home?	<i>no</i>
22	State <u>your</u> postal address in full.	<i>Essex - Ont.</i>

PARTICULARS AS TO CLAIMS

23	Have the funeral expenses been paid? If so, by whom?	<i>none</i>
24	Are there any outstanding claims against the estate? If so, furnish full name and address of each Creditor in this space and enclose his Bill of Account. (See Note Below).	<i>no</i>

NOTE.—Paragraph 24 refers to debts incurred for board and lodging, medical and funeral expenses, money borrowed, goods purchased, etc.; the following information to be embodied in all accounts submitted:—

1. Name and address of Creditor.
2. Detailed statement of particulars of claim with date or dates incurred.
3. At the end of his statement the creditor should certify that the account is just and reasonable, that no payments save as shown, have been made thereon and that he holds no security therefor; the creditor should then sign same, and if you admit that the claim is correct, then you "O.K." the bill and sign same.

(PLEASE TURN OVER)

DECLARATION

*Insert degree
of relationship,
for example
"Widow,"
"Father,"
"Brother," etc.

I hereby declare that the foregoing particulars are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees inquired for; and that I am the

* Father of the deceased.

N.B. To be signed in
full in the presence of a
Clergyman, Priest or Local
Magistrate

Alexander Monroe Taylor

Signature
of
Informant

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief, Alexander Monroe

*See above

Taylor { Name of Informant } is the * Father of the Deceased above described, and I believe the above Declaration and the Statement of Relatives made by the Informant and signed in my presence to be complete and correct.

Dated at Essene this 7th day of October 19 42

Signature of Clergyman,
Priest or Magistrate

J. W. Allison

Qualification

Justice of the Peace

Address

Essene Ont

NOTE—Before granting the above Certificate, care should be taken to see that the Informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address of each surviving Relative enquired after is stated in its proper place in the Statement opposite.